


## EXHIBIT 36

## Identifying and Preventing Prescription Fraud and Abuse At The Pharmacy

March 8, 2015 – Baltimore, MD

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## Undercover Video



## U.S. Rx Drug Abuse Epidemic

- U.S. Center for Disease Control (CDC) has labeled Prescription Drug Abuse a "National Epidemic".
- Except for marijuana, the abuse of prescription drugs has surpassed the abuse of illicit drugs, like heroin and cocaine.
- CDC: 43,982 people died of drug overdoses in 2013 – approximately one death every 30 minutes is attributed to prescription drugs. Everyday 120 people die as a result of a drug overdose.
- There are MORE DEATHS from prescription drug overdoses than cocaine and heroin combined.
- There are MORE DEATHS from prescription drug overdoses than motor vehicle accidents.
- Among children under 6 – pharmaceuticals account for 40% of all exposures.
- The United States accounts for approximately 4.6% of the world's population; but consumes 80% of the global opioid supply and 99% of the hydrocodone supply.

## Estimating the Prevalence of Opioid Diversion by "Doctor Shoppers" in the United States

While the US population increased only 16% between 1997 and 2011, the amounts of oxycodone sold by retail pharmacies increased by 1,259%. Amounts of hydrocodone, methadone, fentanyl and morphine sold by pharmacies increased by 356%, 1,099%, 711%, and 246%, respectively.

Douglas C. McDonald, Kenneth E. Carlson, July 2013

## DEA and State Authorities Increase Enforcement Efforts

Both have always monitored prescribing habits.


**DEA** has renewed its focus on Manufacturers, Wholesalers and Pharmacies to ensure that they are conducting Due Diligence.

Through ARCOS **DEA** monitors purchase and sales records looking for excessive amounts of Schedule II and Schedule III Narcotics.

State Authorities and DEA monitor dispensing records through the PMP databases looking for high risk prescribing and dispensing.

All are required to maintain effective controls against diversion.

## What is Diversion?



Any process by which a controlled substance leaves the legitimate system of distribution and enters an illegal channel.

### Code of Federal Regulations Title 21

21 CFR 1301.74

#### Wholesalers and Manufacturers

The Registrant shall design and operate a system to identify suspicious orders of controlled substances.

The Registrant shall inform the field dispenser when the DEA has identified a suspicious order of controlled substances.

Suspicious orders include orders of unusual size; orders deviating substantially from a normal pattern; and orders of unusual frequency.

*DEA may suspend or revoke a Wholesaler's registration when it is determined that such registration is inconsistent with the public interest or it is found that there is an imminent danger to the public health or safety.*

### Lawful Prescribing and Dispensing

21 CFR 1306

#### Prescriber

A legal prescription for a controlled substance must be:

- Issued for a legitimate medical purpose (Good Faith)
- Issued by a practitioner in the usual course of their professional practice (Demonstrable Medical Disorders)

*A prescription for a CS may not be issued to treat drug dependence for detox or maintenance.  
Exception: Suboxone (Legal Criteria)*

### The Tenets of Lawful Prescribing

#### Legitimate Medical Purpose

- Prescribed in good faith
- Demonstrable physical or mental disorders
- Understanding of the disease state

#### Usual Course of Professional Practice

- Valid doctor/patient relationship must exist
- Prescribe within scope of medical practice
- Proper medical evaluation
- Documentation in a medical chart

### Lawful Prescribing and Dispensing

21 CFR 1306.04

#### Pharmacist

*The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the Pharmacist who fills the Rx.*

*An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a legal prescription.*

*The person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.*

### Pharmacist's Corresponding Responsibility

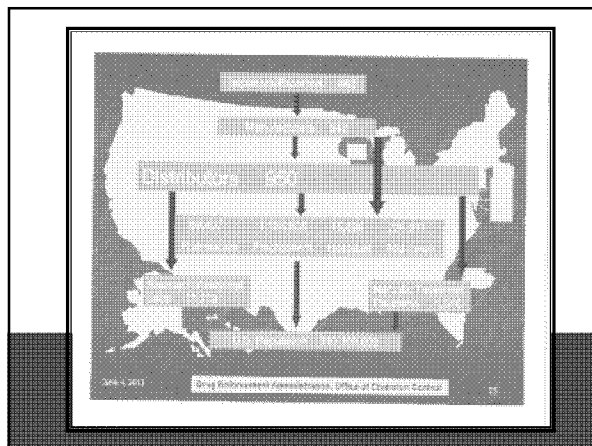
Source: D.E.A. Pharmacist's Manual - 21 CFR 1306.04

A pharmacist is required to exercise sound professional judgment when making a determination about the legitimacy of a controlled substance prescription. Such a determination is made before the prescription is dispensed. The law does not require a pharmacist to dispense a prescription of doubtful, questionable, or suspicious origin. To the contrary, the pharmacist who deliberately ignores a questionable prescription when there is reason to believe it was not issued for a legitimate medical purpose may be prosecuted along with the issuing practitioner, for knowingly and intentionally distributing controlled substances. Such action is a felony offense, which may result in the loss of one's business or professional license.

*United States v. Kershman, 555 F.2d 198  
United States Court Of Appeals, Eighth Circuit, 1977*

### What is DEA Doing About The Problem?

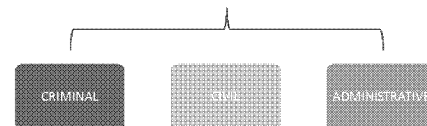
- Addressing the prescription drug epidemic is a balancing act.
- Often the pharmacist will say, "We are not cops - why doesn't DEA go after the doctors - they are the ones causing the problem".



### Drug Enforcement Agency

**Enforcement efforts:** DEA has created tactical diversion squads (TDS) across the country to combat prescription drug diversion.

#### DEA FEDERAL ENFORCEMENT ACTIONS



### Hector Castro MD Video



### Dr. Tomasito Virey Video



### NEW YORK DAILY NEWS

FRIDAY, FEBRUARY 21, 2014

#### Alleged pill mill doctor found dead — overdose suspected: cops

Dr. Tomasito Virey was discovered dead in the bedroom of a home in Amherst, N.Y., where prescription drugs were found.



## Area Criminal Cases

Towson attorney indicted on drug-related charges – October 4, 2013

TOWSON, Md. - A Baltimore County defense attorney has been indicted on drug-related charges police confirm. 46-year-old Jill Swerdlin who has served as a private defense attorney in Towson is charged with one count of conspiracy with intent to distribute and possession.

Elise Armacost, spokesperson for Baltimore County Police, said that Swerdlin, her 20-year-old son, Brett, and 11 other people were arrested when police executed 10 search warrants this past Monday.

Officers seized prescription drugs such as Alprazolam (Xanax), Hydrocodone, Oxycodone, and Suboxone as well as cocaine, heroin, marijuana, other paraphernalia, and 10 long guns, according to Armacost.



## Doctor and Pharmacist Charged with Distributing 1.6 million Doses of Oxycodone

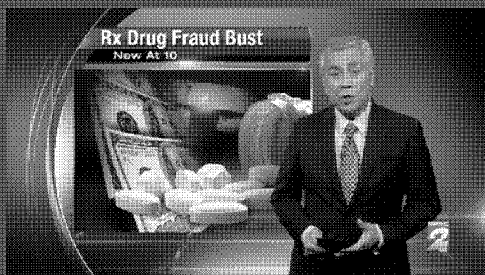
HOUSTON – "Richard Arthur Evans, M.D., 70, and David D. Devido, R.Ph., 76, both of Houston, have been charged in a 24 count indictment alleging a conspiracy to commit distribution of controlled substances, mail fraud, health care fraud and money laundering..."

"Evans and Devido are charged with conspiring to distribute the prescription drugs oxycodone and hydrocodone, both highly addictive and highly abused pain relievers."

"The indictment alleges both men distributed these drugs outside the course of professional practice and not for a legitimate medical purpose."

DOJ Release 1/7/2015

Doctor and Pharmacist Charged with Distributing 1.6 million Doses of Oxycodone



## Methods Of Drug Diversion

- ☐ FRAUDULENT PRESCRIPTIONS
- ☐ DOCTOR SHOPPING – PHARMACY SHOPPING
- ☐ INTERNAL THEFT
- ☐ PHARMACY ROBBERIES AND BURGLARIES
- ☐ INAPPROPRIATE OR ILLEGAL CONTROLLED SUBSTANCE RXS WRITTEN BY PRACTITIONERS

## Fraudulent Prescriptions

- Written
- Phoned In To Pharmacy
- Altered Prescriptions
  - Changes To The Patient's Name
  - Change In The Quantity
  - Change In The Strength
  - Change The Date



## Procedures for Handling Fraudulent Prescriptions

- ☐ Look up physician's phone number
- ☐ Verify with prescriber
- ☐ Obtain drivers license info and/or photo ID
- ☐ Do not write on face of prescription
- ☐ Keep the prescription
- ☐ Retain surveillance video
- ☐ Do not fill fraudulent or suspect prescriptions

## Doctor Shopping | Elements of the Crime

### One Patient

- Two or more doctors who prescribe the same or similar controlled substances.
- The patient does not inform Doctor #2 that he/she has already been prescribed the same or similar controlled substance by Doctor #1.
- The prescriptions must be concurrent.
- Days supply of controlled substances overlap.

## HIPAA

Provides clear exceptions allowing release of information to law enforcement.

Crime on premise      Evidence of a crime      Victim of a crime

## Internal Theft

### Inventory Control Strategy

- Perpetual Inventory Manual
- Electronic Inventory
- Person Responsible For Placing Orders Different From Person Receiving Order
- Delivery Policy And Procedure

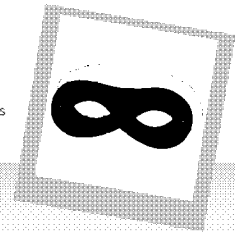
### Maintain Proper Security

### Video Surveillance Cameras

### Background Checks

## Burglary & Robbery Prevention

- Alarm system with several panic buttons
- Video Surveillance cameras
- Building well lit inside and out
- Keep side and back doors locked
- Always have at least two employees working
- Be aware of suspicious persons
- Mark the bottom of your most highly abused controlled substance bottles with the name of your pharmacy
- Periodic employee training



## Robbery Video



## What To Do If A Robbery Occurs

1. Safety first, the goal is to get the Robber out of the store as quickly as possible ✓
2. Do not make eye contact with suspect ✓
3. Do not refer to suspect by name (if known) ✓
4. Comply with the robbers demands ✓
5. Activate panic alarm if possible ✓

### AFTER THE SUSPECT HAS LEFT PHARMACY

- Call 911 – do not rely on panic alarm
- Lock the door (if safe to do so)
- Immediately write a description of the suspect and/or vehicle



**Popular Drugs for Diversion**

Hydrocodone  
 Oxycodone 30mg  
 Endocet – 10mg  
 Methadone 10mg  
 Hydromorphone (Dilaudid)  
 Oxymorphone (Opana 40mg)  
 Suboxone (Buprenorphine)  
 Alprazolam 2mg  
 Diazepam 10mg  
 Adderall  
 Soma

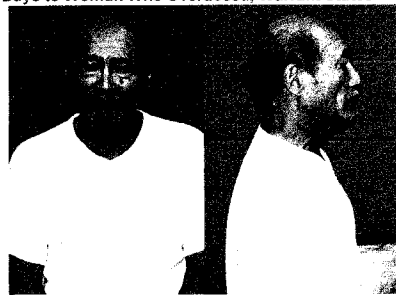
**Promethazine w/ Codeine  
 “Sippin Syrup”**

- Schedule V
- Opiate effects - Heroin like high
- Snow cone syrup bottles
- Candy baby bottles, soda cans (Big Red)
- Rave parties
- Illicit dealers soliciting addicts to have Rx filled
- \$200 for 8oz bottle

**What is “Sizzurp” Video****Methadone | Schedule II Narcotic**

- Pain Relief Treatment vs. Opioid Addiction Treatment - more risks than other painkillers – levels build up in the body and can cause respiratory depression or cardiac irregularities.
- Half-life is longer than the duration of its analgesic effect - Many patients do not take this med as directed by their prescriber.
- High rate of overdose deaths – accounts for 2 percent of painkiller prescriptions in the United States but is involved in more than 30 percent of prescription painkiller overdose deaths.
- Particularly dangerous when combined with other narcotics (synergistic effects) and/or benzos/alcohol (Red Flag).

Home &gt; News &gt; Local News - New Haven County

**West Hartford Doctor Prescribed 1,920 Pills Over 70 Days to Woman Who Overdosed, Warrant States**

Vin Hsu was arrested by Waterbury Police and charged with manslaughter. Police said he over-prescribed medication, and a patient overdosed. (WATERBURY POLICE / July 27, 2016)

**Methadone Video**

### Street" Market Value For Controlled Substances \$\$\$\$\$


#### NARCOTICS

Oxycontin = \$1 per mg Fentanyl Patch = \$1 per mcg  
 Methadone = \$1 per mg Suboxone = \$20 per Tablet  
 Oxycodone 30mg = \$25 per Tablet Endocet 10mg = \$10 per Tablet  
 Hydrocodone 10/325mg = \$7 per Tablet Dilaudid 4mg = \$30 per Tablet  
 Hydromorphone 4mg = \$4 per Tablet Soma 350mg = \$3 per Tablet  
 Promethazine w/ Codeine Syrup = \$200 per 8oz bottle

#### NON - NARCOTICS


Ativan = \$2 per Tablet Valium = \$3 per Tablet Adderall = \$5 per Tablet  
 Klonopin = \$2 per Tablet Xanax 2mg = \$3 per Tablet

### RED FLAG WARNINGS



- CASH FOR CONTROLLED SUBSTANCES
- Patient or Prescriber – far distance from the pharmacy – does it make sense?
- Addition of non-c/S to legitimize narcotic
- Doctor shopping
- Person attempting to obtain C/S in someone else's name

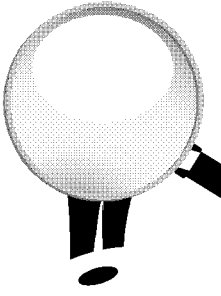
### RED FLAG WARNINGS



#### Prescriber

- Writing prescriptions for excessive quantities of narcotics or other controlled substances.
- Writing for combinations of narcotics that clinically don't make sense (multiple IR together)
- Writing early Rxs (additional Rx written before previous is expired)
- Monotony of prescribing
- Writing same narcotic or same combination of CS for multiple family members

### Do You Know Your Top CS Prescribers?



- Is there relevant discipline on their records?
- Malpractice judgments?
- What are their certifications/specialties?
  - Do they practice outside the scope of their specialty?
- Have you visited them or at least driven by their office?
- Have you conducted Internet searches?
- Do they use "Pain Contracts"?
- Do they use drug screens?
- How many patients do they see in a day?
- Are there long lines to see prescriber?
- Are there security guards at the clinic?
- No signage or non-descript signage at practitioner's office?
- Do they use the State's PMP?
- Are most of the patients young?
- Are there high cash payments for their prescriptions?

### Do You Know Your Patients

- Are most of your customers with CS prescriptions young?
- Do they arrive at your pharmacy in groups?
  - Same practitioner
  - Same prescription
  - Out of state or area
- Do you have family members presenting CS prescriptions?
  - Same practitioner and/or medications
- Do they arrive on weekends or end of day when Practitioner's office is closed?
- Are there others waiting in the parking lot?
- Is there drug activity in parking lot?
- Do they appear to be under the influence of drugs or alcohol?
- Have they travelled a long distance to your pharmacy or to the doctors office from home?
- Do they attempt to get early refills?
- Is the person presenting a prescription for a controlled substance for someone else?

### Dispensing Reports

2013-05-10	711586	60	30	Oxycodone HCl Oral Tablet 30 MG LUGJIN-JUN MD	91
2013-05-22	714180	30	07	Endocet Oral Tablet 10-325 MG KARNIKARATI S MD	91
2013-05-01	709670	120	30 CASH	Endocet Tablet 10-325 MG NELSON, GREGORY A MD	125
2013-05-04	709671	60	30	Clonazepam Tablet 1 MG NELSON, GREGORY A MD	125
2013-05-04	709676	60	30	ALPRAZolam Tablet 1 MG SHOLEVAR, G PIROOZ MD	125
2013-05-05	709673	30	30 CASH	Amphet-Dext Tablet 30 MG SHOLEVAR, G PIROOZ MD	125
2013-05-08	710682	90	15	Endocet Tablet 5-325 MG ABBRUZZI, ANTHONY DO	125
2013-05-20	710335	90	30	Amphet-Dex Tablet 10 MG ABBRUZZI, ANTHONY DO	125
2013-05-21	713759	90	30	Endocet Tablet 5-325 MG ABBRUZZI, ANTHONY DO	125
2013-05-01	709477	60	30	Oxycodone Tablet 10 MG ANAKWE, ONYEAMA O DO	245
2013-05-03	710064	100	25 CASH	Endocet Tablet 5-325 MG TADLEY, GERALD DO	245
2013-05-08	708737	60	30	ALPRAZolam Tablet 1 MG ERRO, ROGER MD	206
2013-05-21	713744	30	30	ALPRAZolam Tablet 1 MG ERRO, ROGER MD	206
2013-05-17	712059	150	15	Endocet Tablet 5-325 MG BERKOWITZ, ANDREW MD	399
2013-05-22	713946	90	23	Endocet Tablet 10-325 MG BERKOWITZ, ANDREW MD	399
2013-05-09	705559	45	30	ALPRAZolam Tablet 1 MG BALLAS, CHRISTOS A MD	402
2013-05-09	705560	15	15	Zolpidem Tablet 10 MG BALLAS, CHRISTOS A MD	402
2013-05-20	713464	120	30	Methadone Tablet 10 MG MEHROTRA, DEEPAK MD	402
2013-05-20	713465	150	30	Methadone Tablet 5 MG MEHROTRA, DEEPAK MD	402
2013-05-20	713466	150	30	Endocet Tablet 10-325 MG MEHROTRA, DEEPAK MD	402



### Dispensing Reports

2013-05-01	709601	30	30	Zolpidem Tablet 10 MG PILANIA, PRAMOD MD	481
2013-05-01	709602	30	30	ALPRAZOLAM Oral Tablet 2 MG PILANIA, PRAMOD MD	481
2013-05-01	709603	30	30	ALPRAZOLAM Oral Tablet 1 MG PILANIA, PRAMOD MD	481
2013-05-23	714450	90	30	Endocet Tablet 5-325 MG HOLLINGER, BRYAN R MD	481
2013-05-09	711433	180	30	OxyCODONE Tablet 30 MG SHULTZ, THOMAS L MD	529
2013-05-09	711434	180	30	OxyCODONE Tablet 9 MG SHULTZ, THOMAS L MD	529
2013-05-16	712358	120	30	Endocet Tablet 10-325 MG LONDONO-FINLEY, GLORIA	611
2013-05-15	712360	120	30	Clonazepam Tablet 2 MG DRAPER, KENNETH MD	611
2013-05-15	712361	120	30	ALPRAZOLAM Tablet 1 MG DRAPER, KENNETH MD	611
2013-05-15	712362	30	30	Zolpidem Tablet 10 MG DRAPER, KENNETH MD	611
2013-05-15	712411	120	30	OxyCODONE Tablet 30 MG LONDONO-FINLEY, GLORIA	611
2013-05-03	709999	80	30	Endocet Tablet 5-325 MG TADLEY, GERALD DO	1209
2013-05-21	713771	120	20	OxyCODONE Tablet 30 MG MOSER, R. KEITH PA-C	1209
2013-05-02	709691	90	30	Endocet Tablet 10-325 MG NELSON, GREGORY A MD	1294
2013-05-02	709693	60	30	Carisoprodol Tablet 350 MG NELSON, GREGORY A MD	1294
2013-05-03	710023	120	30	ALPRAZOLAM Tablet 1 MG SWARTZ, LEE SAUL DO	1294

### IMS Prescription Data (U.S.)

#### % of CS Prescriptions to Non-CS Prescriptions

3.49 Billion Prescriptions Dispensed in the U.S.

**2009: 13.00%**

**2010: 13.06%**

**2011: 13.07%**

### DEA / ARCOS Data

Average purchases for ALL Oxycodone products for ALL Pharmacies in the U.S. in dosage units.

2009	2010	2011	2012
63,289	70,375	74,706	73,434

= 6,120 per month

### Pharmacist Dilemma

You are presented with a prescription for Oxycodone 30mg 240 tablets

- The doctor prescribed it...
- I verified it...
- It's not my responsibility to question the doctor...
- Therefore it must be legitimate...
- I'm obligated to fill it, since the patient must have pain, anxiety, etc...



Does this sound familiar?

Do you use this rationale when filling a prescription written for an excessive amount of narcotics that just does not make sense?

### Pharmacist's Dilemma

Even if you rationalize that you are doing the right thing:

#### Helping the Patient

By filling suspicious or questionable prescriptions, you as pharmacists put yourselves and your business at risk for regulatory action, civil fines/liability and possible criminal arrest.

### Corresponding Responsibility

- Choosing to ignore a pharmacist's corresponding responsibility has serious consequences. The standard applied by DEA or any other law enforcement authority to establish probable cause for criminal charges against a pharmacist is - the pharmacist *knew or should have known* that the prescriptions prescribed by the physician were excessive and inappropriate, were not written for a legitimate medical use and were likely to be diverted.

## Danger In Ignoring Red Flags

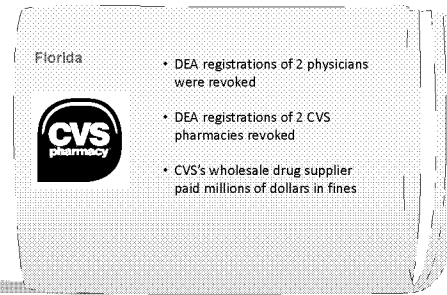
Despite a pharmacist's professional status, when they engage in filling prescriptions that are diverted or abused, the pharmacist is prosecuted just like street corner drug dealers...in fact, they are usually held to a higher standard when it comes to sentencing.

Some of the crimes charged in these cases include:

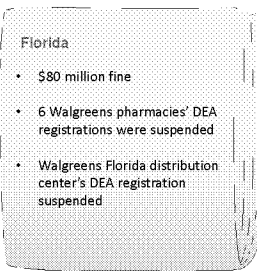


After a conviction and during sentencing, a judge will consider that in committing these types of offenses, a pharmacist abused his/her position of trust and level of knowledge as a health care professional, by enabling diversion. Some states have a 5 year minimum mandatory prison sentence for a conviction on drug charges.

## CVS (2012)



## Walgreens (2013)



**A DEA Press Release in This Case Stated:**  
Walgreens...committed an unprecedented number of record-keeping and dispensing violations...negligently allowed controlled substances listed in Schedules II – V, such as oxycodone and other prescription pain killers, to be diverted for abuse and illegal black market sales...the six retail pharmacies in Florida...filled customer prescriptions that they knew or should have known were not for legitimate medical use.

## Maryland Pharmacist Fined \$100,000



### Thomsville pharmacists arrested on drug charges

**Thomsville, Tenn.**  
Two pharmacists in Thomsville, Tenn., were arrested on drug charges. The arrests were part of a larger investigation into the distribution of controlled substances. The pharmacists were charged with conspiracy to distribute controlled substances and possession of controlled substances with intent to distribute. The investigation was led by the Tennessee Bureau of Investigation (TBI) and the U.S. Attorney's Office for the Eastern District of Tennessee. The pharmacists were arrested on charges of conspiracy to distribute controlled substances and possession of controlled substances with intent to distribute. The investigation was led by the Tennessee Bureau of Investigation (TBI) and the U.S. Attorney's Office for the Eastern District of Tennessee. The pharmacists were arrested on charges of conspiracy to distribute controlled substances and possession of controlled substances with intent to distribute. The investigation was led by the Tennessee Bureau of Investigation (TBI) and the U.S. Attorney's Office for the Eastern District of Tennessee.

**From The Headlines**

## Hagerstown pharmacist sentenced to more than two years for drug fraud

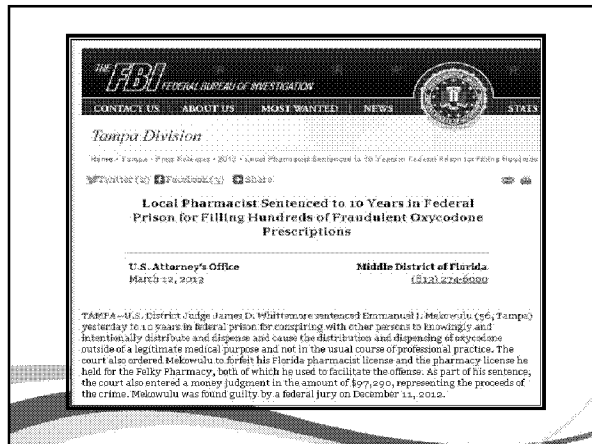
8/22/13 - BALTIMORE — David Russo, a Hagerstown pharmacist was sentenced to 30 months in prison and was also ordered to pay a \$50,000 fine, restitution of \$200,146 and forfeit \$39,000 in cash seized during a search of his pharmacy in 2010. Russo has surrendered his pharmacy license and has agreed not to seek a new license in Maryland or any other state.



**"Russo's career as a pharmacist is over,"** Gary Tuggle, assistant special agent in charge of the Drug Enforcement Administration's Baltimore office, said in the release.

Russo previously admitted that he filed prescriptions for oxycodone, methadone and benzodiazepines that he knew were "outside of the legitimate medical course," and billed Medicare and Medicaid for the cost, authorities said. The fraudulent conduct occurred while he was the owner of Russo's Rx at 25 N. Cannon Ave. from January 2009 to December 2010.

Russo made gross sales of \$700,000 a month for several months in 2010, which was a dramatic increase over previous months, the release said. Law-enforcement officials said he also made at least 55 cash deposits totaling \$862,000 from Dec. 1, 2009, to June 15, 2010.



### Pharmacists Can Positively Impact This National Epidemic

- **SIMPLE STRATEGY - TURN AWAY BAD SCRIPTS – IT IS DANGEROUS TO IGNORE RED FLAGS** (Attract a criminal element to your pharmacy and endanger you and your staff - draw the attention of DEA)
- Review available resources. Periodically review for outlier prescribers, determine if there are 1 or 2 prescribers driving most of your narcotic prescriptions.
- It can be very rewarding for a Pharmacist to approach a patient about addiction. Before filling another narcotic prescription for someone who may be addicted, ask the patient if they have an addiction problem.

### Valuable Resources

#### Safeguards A Pharmacist Can Utilize To Identify And Prevent The Diversion Of Prescription Drugs Are Vital To Addressing This Issue.

- Prescription Drug Monitoring Programs (PMP) are a valuable resource in assisting a pharmacist to determine whether or not a prescription is legitimate.
- A review of your state's PMP will help you avoid filling prescriptions from people who are doctor shopping and pharmacy hopping for controlled substances.
- There is no need to dispense blind. You may save a life by investing a short amount of time to check the PMP before filling a controlled substance prescription.

### Your Wholesaler as a Resource

- SOM programs
- Due diligence requirements (know your customer)
- Compliance visits and investigations
- Prescription history analysis
- Purchase history analysis
- Customer profiles
  - Discipline - criminal
  - Pharmacy, employees and practitioners

### Diversion Prevention & Resources

**NPI Registry**  
<https://npiregistry.cms.hhs.gov/nppesregistry/npiregistryhome.do>

**DEA Diversion Website**  
<http://www.deaiversion.usdoj.gov/>

**DEA # VERIFICATION**  
<https://www.deaiversion.usdoj.gov/webforms/validatelogin.jsp>

**All States License Verification**  
[http://www.healthguideusa.org/pharmacy\\_license\\_lookup.htm](http://www.healthguideusa.org/pharmacy_license_lookup.htm)

**OIG HHS Federal Exclusion**  
<http://exclusions.oig.hhs.gov/>

## Collateral Damage

### Consequences of Prescription Drug Diversion

Addiction, Overdose and Death

Withdrawal Crave

Babies Born with Addiction

The number of painkiller-addicted newborns has tripled in the past 10 years.

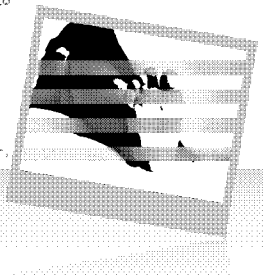
## Newborns Addicted to Pain Killers

Florida

- 30% of babies born are addicted to prescription narcotics.
- In 2011, 136 babies were born addicted at just one Tampa hospital.

Babies Go Through Withdrawal A Few Days After Being Born

- Scream and cry incessantly, twitch, vomit, trouble breathing and eating, seizures.
- Treated with methadone and morphine to re-addict them and then wean them off drugs.
- Remain in hospital for months – high cost to society.



## Drug Addicted Newborns Video



## Our Responsibility

Ensure WE all are part of the solution rather than adding to the problem of prescription drug abuse in the United States.

## Questions?



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